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2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614					hereby certify that the States Postal Service addressed to the Ma ransmitted to the USI	his Fee(s) Transmittal is beir with sufficient postage for fi il Stop ISSUE FEE address PTO (703) 746-4000, on the	ng deposited with the United rst class mail in an envelope s above, or being facsimiled date indicated below.
4/14/2005 HTECKLU2 00000022 10003782			CEME	<b>'</b>	Scott Loras Murray (Depositor's name)		
)1 FC:2501 )2 FC:8001 )3 FC:1504	700.00 OP 30.00 OP 300.00 OP	CEMT	& TRANS		April 11	, 2005	(Signature)
APPLICATION NO.	FILING DATE	FIRST NAMED INV			OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/003,782	10/31/2001	Ronald B. Luther				RLUTHER.013A	8602
TITLE OF INVENTION: U	NIVERSAL PASSIVE PRO						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUI	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700			\$300	\$1000	05/25/2005
EXAMINER			ART UNIT		ASS-SUBCLASS	]	
LAM, ANN Y		1641			604-110000		
I. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
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Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🔀 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
Issue Fee  A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.  Advance Order - # of Copies10  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to							
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5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature	Est		)	<del></del>	Date	— April 11,	2005
Typed or printed name	Scott Loras	Murray		<del></del> .	Registration	No. 53,360	II d Honra

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